



ERNIE FLETCHER  
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES**  
DEPARTMENT FOR MEDICAID SERVICES  
COMMISSIONER'S OFFICE  
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JAMES W. HOLSINGER, JR., M.D.  
SECRETARY

February 7, 2005

Dear Provider:

According to recent statistics, Diabetes is the fifth leading cause of death by disease in Kentucky (KY Annual Vital Statistics Report). Based on these statistics and internal claims analysis, the Department for Medicaid Services is asking for your input and assistance on the implementation of a "Diabetes Disease Management Program".

The first step of this initiative is the collection and establishment of baseline data for the identified recipients of Bell and Floyd counties (our two pilot counties). We have retained the services of a data collection company to assist us in this step. Medicaid has regional RN consultants covering both of these counties. These nurses will be calling to schedule a convenient time to sit down with you and/or your office manager to explain the goals and expected outcomes of this program. The nurse consultant will also be asking to review the medical records of your Medicaid patients that are identified as newly diagnosed Diabetics.

When this is complete, an introduction letter, Diabetes information wallet card, (from the ADA) and a brochure encouraging the recipients to take an active role in the management of their diabetes will be mailed to each identified patient. (A sample of this packet is enclosed for your review). The letter will encourage them to contact their primary care provider to schedule an appointment for evaluation and establishment of a plan of treatment plan.

Periodic reports will be available to you to review the progress of your patients. We here at the Department for Medicaid Services Medical Management/Quality Assurance Division are very excited at the prospect of partnering with our providers, health departments, and community resources to improve the lives of Kentuckians effected by Diabetes.

If you have questions regarding this correspondence please don't hesitate contacting Dr.'s Thomas Badgett, Chief Medical Officer or Steve Aaron, Medical Director at 502/564-4321.

Sincerely

A handwritten signature in cursive script that reads "J. Thomas Badgett".

Thomas Badgett MD  
Chief Medical Officer



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Dear Member:

As you know, managing diabetes is about keeping many things in balance — what you eat, your blood sugar level, your exercise, and your medicines. We know that it's hard, but it's important to keep these things under control to help prevent some of the more harmful effects of diabetes, such as heart attack, stroke, blindness, kidney failure and lower-limb loss.

The Department for Kentucky Medicaid is pleased to make available a new program to support our members with diabetes. We are providing you a "Personal Diabetes Health Card" developed by the Kentucky Diabetes Network (KDN) that you should take to all your healthcare appointments. It is designed to help you and your healthcare provider manage your diabetes better.

The American Diabetes Association (ADA) recommends that you have the following tests done regularly in order to prevent some of the problems caused by diabetes. Please call your healthcare provider to set up times for these and other important tests.

Test	Recommended
<b>Glycated hemoglobin (A1c)</b> Blood test of your average blood sugar	2-4 times/year
<b>Eye exam</b> by an eye doctor	Yearly
<b>Foot exam</b>	At least yearly
<b>Cholesterol and triglycerides</b> Blood test	Yearly
<b>Urine test for protein</b>	Yearly

**Remember** —you play an important role in the care of your diabetes. Be sure to ask your healthcare provider for any tools that can help you keep a balance in your life. With a little bit of effort, diabetes can be controlled and you can maintain a normal, healthy lifestyle.

Sincerely,

Thomas Badgett, MD  
Chief Medical Officer

# DIABETES CARE TOOL



KENTUCKY DIABETES NETWORK, INC.

**A statewide  
partnership**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height: \_\_\_\_\_ Smoker: **Yes No** (circle one) Pneumococcal Vaccine Date(s): \_\_\_\_\_

Type of Diabetes: **1 2** (circle one) Year of Diabetes Diagnosis: \_\_\_\_\_

*This tool is based on the 2005 American Diabetes Association's "Standards of Medical Care for Patients with Diabetes Mellitus" and indicates minimum services to be provided in the continuing (initial visits have additional components) care of **adults** with diabetes. It is not intended to replace or preclude clinical judgement or more intensive management where medically indicated. Use it as a reminder for exams or important tests, to simplify record keeping and as a way to continually improve care to all patients with diabetes.*

Enter result, checkmark, or date as you deem appropriate.

DATE OF VISIT							
<b>EVERY VISIT</b>	<b>Weight</b>						
	<b>B/P</b> (Goal <130/80)						
	<b>A1C</b> Hemoglobin A1c every 3–6 mo. (Goal <7%)						
	<b>Foot Exam:</b> • Visual						
<b>ANNUAL</b>	<b>Foot Exam:</b> • Sensation, foot structure/biomechanics, vascular, and skin integrity						
	<b>Fasting Lipid Profile:</b> • Total Cholesterol (Goal < 200)						
	• LDL (Goal < 100)						
	• HDL (Goal Men > 40, Women > 50)						
	• Triglycerides (Goal < 150)						
	<b>Microalbumin</b> Unless Urine dipstick positive for protein						
	<b>Dilated Eye Exam/ Referral Date</b>						
	<b>Flu Vaccine</b>						
	<b>Oral Visualization</b>						
<b>COUNSELING</b>	<b>Self-Management Education/ Referral Date</b>						
	<b>Exercise /Physical Activity</b>						
	<b>Medical Nutrition Therapy Referral</b>						
	<b>Tobacco Cessation</b>						
	<b>Preconception Counseling</b> (women of childbearing age)						
<b>OTHER</b>	<b>Review Self-Monitoring Blood Glucose Log</b>						
	<b>Assess Need for Aspirin Therapy</b>						